

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

317

500

2462

62-033254

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 4 1962

## 1. PLACE OF DEATH

a. COUNTY

St Louis County

b. CITY (If outside corporate limits, give TOWNSHIP only)

3 mi E of Fenton

Length of stay in lb

7 months

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Gravois Rest Haven

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

Franklin

c. CITY OR TOWN

Pacific

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

West Congress

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last  
Joseph Daniel Pursley

4. DATE OF DEATH

Month Day Year  
8 22 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-16-1885

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Robertsville, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Samuel Pursley

13b. MOTHER'S MAIDEN NAME

Eliza (Moore)

14. NAME OF HUSBAND OR WIFE

Blanche Pursley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Mrs. Blanche Pursley

Address

Pacific, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arterio-Sclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

10 yrs?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arterio-Sclerotic-Cardio Vascular Disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

NONE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Death occurred at

Jan 1962 11:00 A.M.

and last saw him alive on 8-22-62

8-22-62

22a. SIGNATURE

Allen M. Hearn M.D.

(Degree or title)

22b. ADDRESS

860 N. Woodlawn

22c. DATE SIGNED

8-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

8-25-62

23c. NAME OF CEMETERY OR CREMATORY

Pacific City Cem.

23d. LOCATION (City, town, or county)

Pacific, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS Pacific, Mo.

25. DATE RECD. BY LOCAL REG.

8-24-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Byron Bell, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Byron Bell

Licensed Embalmer No. 4977

P. O. Address Pacific, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.